

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

RECEIVED

JAN 31 2011

Secretary of State
Capitol Office

DATE STAMP

Name of Candidate John Horhn
 Address 6035 Waverly Dr Jackson, MS 39206
 Telephone 601-366-4285 Fax _____
 Contact Name John Horhn Email jhorhn@comcast.net
 Office Sought Senate District 26 Political Party Democrat

☐ Check here if above is different from previous report

TYPE OF REPORT

____ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
 ____ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
 ____ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
 ____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
☒ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and
 Political Committees

____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 3,375 +\$	\$ 3,375	\$ 3,375
Total amount of disbursements	\$ 2,330 +\$ 442	\$ 2,772	\$ 2,772
Total amount of cash on hand		\$ 1,3026	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate John Horhn

Date 1/31/11

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

John Horhn

Reporting period

January 1, 2010 through December 31, 2010

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Comcast Corp.</u>		<u>11/29/10</u>	\$ <u>250.00</u>
Mailing Address <u>One Comcast Center</u>		<u>1/1/10</u>	\$
City, State, Zip Code <u>Philadelphia, PA</u>		<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Reynolds American, Inc.</u>		<u>11/29/10</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 2990</u>		<u>1/1/10</u>	\$
City, State, Zip Code <u>Winston-Salem, NC 27102</u>		<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Agents & Employees PAC</u>		<u>5/18/10</u>	\$ <u>500.00</u>
Mailing Address <u>% Thomas Baykin</u>		<u>1/1/10</u>	\$
City, State, Zip Code <u>2511 Robinson St. / P.O. Box 10845</u>		<u>1/1/10</u>	\$
Name of Employer (Required) <u>Jackson, MS 39289</u>		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Dental PAC</u>		<u>9/2/10</u>	\$ <u>1,000</u>
Mailing Address <u>2630 Ridgewood Rd., Ste C</u>		<u>1/1/10</u>	\$
City, State, Zip Code <u>Jackson, MS 39216</u>		<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000</u>

Name of Candidate or Committee John HarkinReporting period January 1, 2010 through December 31, 2010

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ohio Casualty</u>		<u>8/9/10</u>	\$ <u>500.00</u>
Mailing Address _____		____/____/____	\$
City, State, Zip Code <u>9450 Seward Road</u>		____/____/____	\$
Name of Employer (Required) <u>Fairfield, OH 45014</u>		____/____/____	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>association</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Association for Home Care</u>		<u>12/8/10</u>	\$ <u>300.00</u>
Mailing Address _____		____/____/____	\$
City, State, Zip Code <u>134 Fairmont St</u>		____/____/____	\$
Name of Employer (Required) <u>Clinton, MS 39056</u>		____/____/____	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>300.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Abbott Laboratories</u>		<u>12/8/10</u>	\$ <u>325.00</u>
Mailing Address _____		____/____/____	\$
City, State, Zip Code <u>4708 Hilldale Ave.</u>		____/____/____	\$
Name of Employer (Required) <u>Knoxville, TN 37914</u>		____/____/____	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>325.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		____/____/____	\$
Mailing Address _____		____/____/____	\$
City, State, Zip Code _____		____/____/____	\$
Name of Employer (Required) _____		____/____/____	\$
Occupation (Required) _____		Aggregate year-to-date	\$

Name of Candidate or Committee John Horan
 Reporting period January 1, 2010 through December 31, 2010

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>John A. Horan</u>		
Mailing Address		
<u>6035 Waverly Dr</u>	<u>6/5/10</u>	\$ <u>1140⁰⁰</u>
City, State, Zip Code		
<u>Jackson MS 39206</u>	<u>9/3/10</u>	\$ <u>300⁰⁰</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1440⁰⁰</u>
<u>loan repayment</u>		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Branch Consulting Group</u>		
Mailing Address		
<u>P.O. Box 2030</u>	<u>7/6/10</u>	\$ <u>250⁰⁰</u>
City, State, Zip Code		
<u>Jackson, MS 39225</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>250⁰⁰</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Nat'l Black Caucus of State Legislators</u>		
Mailing Address		
<u>444 N. Capitol St. NW Ste 622</u>	<u>12/2/10</u>	\$ <u>640⁰⁰</u>
City, State, Zip Code		
<u>Washington, D.C. 20001</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>640⁰⁰</u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
	<u>—/—/—</u>	\$
City, State, Zip Code		
	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
	<u>—/—/—</u>	\$
City, State, Zip Code		
	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
	<u>—/—/—</u>	\$
City, State, Zip Code		
	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$